



Fact Sheet: 2009 H1N1 Nasal Spray Live, Attenuated Influenza Vaccine (LAIV)

In order to vaccinate all high risk people as early as possible – and to vaccinate everyone who wishes – we must use the LAIV wherever it is appropriate.

Health care workers, particularly those who come in close contact with people at high risk for complications from 2009 H1N1 influenza, are prioritized for vaccine. LAIV should be considered for such individuals.

General supply:

- More than 20% of the total H1N1 vaccine that we will get in Maine is in the LAIV presentation.
- About a third of the H1N1 vaccine we expect to receive first will be in the LAIV presentation, and almost half of the Thimerosal-free vaccine will be in the LAIV presentation.
- **Not using the LAIV means that high risk people will go without the vaccine even as we see more H1N1 illness in Maine.**
- **Not using LAIV means that some people who request Thimerosal-free vaccine will not be able to get it.**

Health care worker vaccination:

- Health care workers who provide medical care in special hospital environments for patients that are profoundly immunocompromised (such as those in bone marrow stem cell transplant units) **should not** get the LAIV. If they do, they should wait 7 days before returning to caring for severely immunocompromised patients in special environments.
- People who have contact with others with lesser degrees of immunosuppression (people with diabetes, people with asthma taking corticosteroids, or people with HIV) can get the LAIV.

Storage and administration:

- The 2009 H1N1 LAIV must be stored in a refrigerator at 2-8°C (35-46°F).
- Personal protective equipment (gloves and masks) are **not** needed when administering the 2009 H1N1 LAIV.
- Health care workers who cannot get the LAIV themselves **can** still administer the LAIV.
- The LAIV can be given to people with minor illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion that might limit delivery of the vaccine to the nasal lining is present, then delaying of vaccination until the nasal congestion is reduced should be considered.
- If a person is taking an influenza antiviral drug (including Tamiflu® or Relenza®), then the LAIV should not be given until 48 hours after the last dose of the influenza antiviral medication was given. If a person takes antiviral drugs within two weeks of getting the LAIV, that person should get revaccinated.

Dosing:

- In adults, only one dose of 2009 H1N1 vaccine, including the LAIV, is needed for protection.
- All children 2 through 9 years of age getting a 2009 H1N1 vaccine will need two doses, regardless of presentation. The second dose should be given 28 or more days after the first dose. Ideally, the same type of vaccine should be used for both doses. No information is available about how effective a series of two different vaccines might be.
- The 2009 H1N1 LAIV can be given at the same time as an inactivated vaccine or any other live vaccine **except for the seasonal LAIV**. If not administered simultaneously, there should be at least 28-day separation between the LAIV and other live vaccines.
- The seasonal LAIV and the 2009 H1N1 LAIV **should not be given at the same time**. There should be at least 28-day separation between the seasonal LAIV and H1N1 LAIV.

Efficacy and safety information:

- LAIV has been used successfully in many settings for seasonal flu vaccination since 2003.
- Both the LAIV and inactivated vaccines are expected to be effective against 2009 H1N1.
- The 2009 H1N1 LAIV is recommended for use in healthy people ages 2 through 49 who are not pregnant.
- In clinical studies, transmission of vaccine viruses to close contacts occurred only rarely.
- People who have contact with people with diabetes, people with asthma, or people with HIV can get the LAIV.
- Women who are breastfeeding can get the LAIV.

People who should not get the LAIV include:

- People younger than 2 years of age;
 - Pregnant women;
 - People 50 years of age and older;
 - People with a medical condition that places them at higher risk for complications from influenza, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system;
 - Children younger than 5 years old with one or more episodes of wheezing in the last year;
 - Children or adolescents receiving aspirin therapy;
 - People who have had Guillain-Barré syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine,
 - People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components.
- In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever.
 - In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal spray flu vaccine.

More information:

US CDC Q&A on LAIV:

www.cdc.gov/h1n1flu/vaccination/nasalspray_qa.htm

Maine CDC Information for Patients:

www.maine flu.gov

Information as of Oct. 29, 2009